

10/553439

JCO6 Rec'd PCT/PTO 14 OCT 2005

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	FUNCTIONALIZED CARBON NANOTUBES, A PROCESS FOR PREPARING THE SAME AND THEIR USE IN MEDICINAL CHEMISTRY
Attorney Docket Number::	0508-1145
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ALBERTO  
Middle Name::  
Family Name:: BIANCO  
Name Suffix::  
City of Residence:: STRASBOURG  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 5, RUE SAINT MAURICE  
Address::  
City of Mailing Address:: STRASBOURG  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-67000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: DAVIDE  
Middle Name::  
Family Name:: PANTAROTTO  
Name Suffix::  
City of Residence:: STRASBOURG  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing RESIDENCE DES ARTS  
Address:: 15 RUE DU HOHWALD  
City of Mailing Address:: STRASBOURG

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-67000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: MAURIZIO  
Middle Name::  
Family Name:: PRATO  
Name Suffix::  
City of Residence:: TRIESTE  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA CROATTO 32  
Address::  
City of Mailing Address:: TRIESTE  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-34128

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
----------------------------------	-------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/03838	4/14/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::